

#### **Standard Insurance Company Educator Options Voluntary Long Term Disability Coverage Highlights**

Educational Leadership, Inc. dba Southwest Schools

#### **Voluntary Long Term Disability (LTD) Insurance**

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Educational Leadership, Inc. dba Southwest Schools.

Eligibility Require	ments
Policy #171801	<ul> <li>A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective</li> </ul>
Employee	<ul> <li>A regular employee of Educational Leadership, Inc. dba Southwest Schools</li> </ul>
	<ul> <li>Actively working at least 30 hours each week</li> </ul>
	A citizen or resident of the United States or Canada
	<ul> <li>Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible</li> </ul>
Premium	<ul> <li>You pay 100 percent of the premium for this coverage through easy payroll deduction</li> </ul>
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**Benefit Amount** You may select a monthly benefit amount in \$100 increments, based on the tables and

guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings.

The minimum monthly amount you may elect is \$200.

Plan Maximum **Monthly Benefit**  The lesser of \$8,000 or 66 2/3 percent of your predisability earnings

**Plan Minimum Monthly Benefit**  10 percent of your LTD benefit before reduction by deductible income

#### Note:

 If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.

#### **Disability Needs Calculator**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: http://www.standard.com/calculators/dineeds.html

#### **Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

#### **Understanding Your Plan Design**

### Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

Accidental Injury	Other Disabilities
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

# Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

#### Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

#### **Deductible Income**

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- · Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- · Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

#### Educational Leadership, Inc. dba Southwest Schools

#### **Understanding Your Plan Design (Continued)**

## Maximum Benefit Period

The maximum periods for which benefits are payable are shown in the tables below:

#### 3 Years

If an employee becomes disabled before age 64, LTD benefits may continue for 3 years. If an employee becomes disabled at age 64 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<b>Maximum Benefit Period</b>
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

#### 5 Years

If you become disabled before age 61, LTD benefits may continue during disability for 5 years. If you become disabled at age 61 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	Maximum Benefit Period
61	To age 65 or for 5 years, whichever is longer
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

#### To Age 65

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

### Educator Options Voluntary LTD Coverage Highlights

Educational Leadership, Inc. dba Southwest Schools

#### **Benefit Calculation**

#### **Example**

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	X 66 2/3%
Maximum benefit amount	3,000
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
Amount of LTD benefit	\$900

#### **Additional Features**

Please see your human resources representative for additional information about the features and benefits below.

24 Hour Coverage

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

**Rehabilitation Plan** 

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

Reasonable Accommodation Expense Benefit If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a preapproved amount for some or all of the cost of the modification.

**Employee Assistance Program** 

Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.

**Survivors Benefit** 

If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).

First Day Hospital Benefit

If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days.

Family Care Expense Benefit

Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

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#### **Exclusions**

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- · An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your
  disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting
  condition unless on the date you become disabled, you have been continuously insured under the group policy
  for the specified exclusion and limitation period, and you have been actively at work for at least one full day after
  the end of the specified exclusion and limitation period

#### **Preexisting Condition Provision**

#### **Preexisting Condition**

For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical
  professional; received medical treatment, services or advice; undergone diagnostic procedures, including selfadministered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period

The 90-day period just before your insurance becomes effective or any insurance increases become effective

Specified Exclusion and Limitation Period

12 months

#### Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during
  the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your
  own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

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### Educator Options Voluntary LTD Coverage Highlights Educational Leadership, Inc. dba Southwest Schools

#### When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- · The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become
  insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

#### When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- · The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

#### **Group Insurance Certificate**

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

#### **Rates**

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

#### Maximum Benefit To Age 65 for both Accident and Sickness

				Accident/Sickness Benefit Waiting Period				
		Monthly		ricciacii		r Month		
Annual	Monthly	Disability	0 =	4444			00.00	100 100
	Earnings		0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	6.04	5.32	4.52	2.94	2.54	1.86
5,400	450	300	9.06	7.98	6.78	4.41	3.81	2.79
7,200	600	400	12.08	10.64	9.04	5.88	5.08	3.72
9,000	750	500	15.10	13.30	11.30	7.35	6.35	4.65
10,800	900	600	18.12	15.96	13.56	8.82	7.62	5.58
12,600	1,050	700	21.14	18.62	15.82	10.29	8.89	6.51
14,400	1,200	800	24.16	21.28	18.08	11.76	10.16	7.44
16,200	1,350	900	27.18	23.94	20.34	13.23	11.43	8.37
18,000	1,500	1,000	30.20	26.60	22.60	14.70	12.70	9.30
19,800	1,650	1,100	33.22	29.26	24.86	16.17	13.97	10.23
21,600	1,800	1,200	36.24	31.92	27.12	17.64	15.24	11.16
23,400	1,950	1,300	39.26	34.58	29.38	19.11	16.51	12.09
25,200	2,100	1,400	42.28	37.24	31.64	20.58	17.78	13.02
27,000	2,250	1,500	45.30	39.90	33.90	22.05	19.05	13.95
28,800	2,400	1,600	48.32	42.56	36.16	23.52	20.32	14.88
30,600	2,550	1,700	51.34	45.22	38.42	24.99	21.59	15.81
32,400	2,700	1,800	54.36	47.88	40.68	26.46	22.86	16.74
34,200	2,850	1,900	57.38	50.54	42.94	27.93	24.13	17.67
36,000	3,000	2,000	60.40	53.20	45.20	29.40	25.40	18.60
37,800	3,150	2,100	63.42	55.86	47.46	30.87	26.67	19.53
39,600	3,300	2,200	66.44	58.52	49.72	32.34	27.94	20.46
41,400	3,450	2,300	69.46	61.18	51.98	33.81	29.21	21.39
43,200	3,600	2,400	72.48	63.84	54.24	35.28	30.48	22.32
45,000	3,750	2,500	75.50	66.50	56.50	36.75	31.75	23.25
46,800	3,900	2,600	78.52	69.16	58.76	38.22	33.02	24.18
48,600	4,050	2,700	81.54	71.82	61.02	39.69	34.29	25.11
50,400	4,200	2,800	84.56	74.48	63.28	41.16	35.56	26.04
52,200	4,350	2,900	87.58	77.14	65.54	42.63	36.83	26.97
54,000	4,500	3,000	90.60	79.80	67.80	44.10	38.10	27.90
55,800	4,650	3,100	93.62	82.46	70.06	45.57	39.37	28.83
57,600	4,800	3,200	96.64	85.12	72.32	47.04	40.64	29.76
59,400	4,950	3,300	99.66	87.78	74.58	48.51	41.91	30.69
61,200	5,100	3,400	102.68	90.44	76.84	49.98	43.18	31.62
63,000	5,250	3,500	105.70	93.10	79.10	51.45	44.45	32.55
64,800	5,400	3,600	108.72	95.76	81.36	52.92	45.72	33.48
66,600	5,550	3,700	111.74	98.42	83.62	54.39	46.99	34.41
68,400	5,700	3,800	114.76	101.08	85.88	55.86	48.26	35.34
70,200	5,850	3,900	117.78	103.74	88.14	57.33	49.53	36.27
72,000	6,000	4,000	120.80	106.40	90.40	58.80	50.80	37.20

Maximum Benefit To Age 65 for both Accident and Sickness (Continued)

		M 41-1	Accident/Sickness Benefit Waiting Period					
Annual	Monthly	Monthly Disability			Cost Pe	r Month		
	Earnings	Benefit	0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	123.82	109.06	92.66	60.27	52.07	38.13
75,600	6,300	4,200	126.84	111.72	94.92	61.74	53.34	39.06
77,400	6,450	4,300	129.86	114.38	97.18	63.21	54.61	39.99
79,200	6,600	4,400	132.88	117.04	99.44	64.68	55.88	40.92
81,000	6,750	4,500	135.90	119.70	101.70	66.15	57.15	41.85
82,800	6,900	4,600	138.92	122.36	103.96	67.62	58.42	42.78
84,600	7,050	4,700	141.94	125.02	106.22	69.09	59.69	43.71
86,400	7,200	4,800	144.96	127.68	108.48	70.56	60.96	44.64
88,200	7,350	4,900	147.98	130.34	110.74	72.03	62.23	45.57
90,000	7,500	5,000	151.00	133.00	113.00	73.50	63.50	46.50
91,800	7,650	5,100	154.02	135.66	115.26	74.97	64.77	47.43
93,600	7,800	5,200	157.04	138.32	117.52	76.44	66.04	48.36
95,400	7,950	5,300	160.06	140.98	119.78	77.91	67.31	49.29
97,200	8,100	5,400	163.08	143.64	122.04	79.38	68.58	50.22
99,000	8,250	5,500	166.10	146.30	124.30	80.85	69.85	51.15
100,800	8,400	5,600	169.12	148.96	126.56	82.32	71.12	52.08
102,600	8,550	5,700	172.14	151.62	128.82	83.79	72.39	53.01
104,400	8,700	5,800	175.16	154.28	131.08	85.26	73.66	53.94
106,200	8,850	5,900	178.18	156.94	133.34	86.73	74.93	54.87
108,000	9,000	6,000	181.20	159.60	135.60	88.20	76.20	55.80
109,800	9,150	6,100	184.22	162.26	137.86	89.67	77.47	56.73
111,600	9,300	6,200	187.24	164.92	140.12	91.14	78.74	57.66
113,400	9,450	6,300	190.26	167.58	142.38	92.61	80.01	58.59
115,200	9,600	6,400	193.28	170.24	144.64	94.08	81.28	59.52
117,000	9,750	6,500	196.30	172.90	146.90	95.55	82.55	60.45
118,800	9,900	6,600	199.32	175.56	149.16	97.02	83.82	61.38
120,600	10,050	6,700	202.34	178.22	151.42	98.49	85.09	62.31
122,400	10,200	6,800	205.36	180.88	153.68	99.96	86.36	63.24
124,200	10,350	6,900	208.38	183.54	155.94	101.43	87.63	64.17
126,000	10,500	7,000	211.40	186.20	158.20	102.90	88.90	65.10
127,800	10,650	7,100	214.42	188.86	160.46	104.37	90.17	66.03
129,600	10,800	7,200	217.44	191.52	162.72	105.84	91.44	66.96
131,400	10,950	7,300	220.46	194.18	164.98	107.31	92.71	67.89
133,200	11,100	7,400	223.48	196.84	167.24	108.78	93.98	68.82
135,000	11,250	7,500	226.50	199.50	169.50	110.25	95.25	69.75
136,800	11,400	7,600	229.52	202.16	171.76	111.72	96.52	70.68
138,600	11,550	7,700	232.54	204.82	174.02	113.19	97.79	71.61
140,400	11,700	7,800	235.56	207.48	176.28	114.66	99.06	72.54
142,200	11,850	7,900	238.58	210.14	178.54	116.13	100.33	73.47
144,000	12,000	8,000	241.60	212.80	180.80	117.60	101.60	74.40

Maximum Benefit To Age 65 for Accident and 5 Years for Sickness

ı,y	Accident/Sickness Benefit Waiting Period							
		Monthly		ACCIUCITA		r Month	ing i ci iou	
Annual	Monthly	Disability	٥.=	4 4 4 4			22.22	100 100
Earnings	Earnings	Benefit	0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	5.66	4.92	4.24	2.76	2.36	1.80
5,400	450	300	8.49	7.38	6.36	4.14	3.54	2.70
7,200	600	400	11.32	9.84	8.48	5.52	4.72	3.60
9,000	750	500	14.15	12.30	10.60	6.90	5.90	4.50
10,800	900	600	16.98	14.76	12.72	8.28	7.08	5.40
12,600	1,050	700	19.81	17.22	14.84	9.66	8.26	6.30
14,400	1,200	800	22.64	19.68	16.96	11.04	9.44	7.20
16,200	1,350	900	25.47	22.14	19.08	12.42	10.62	8.10
18,000	1,500	1,000	28.30	24.60	21.20	13.80	11.80	9.00
19,800	1,650	1,100	31.13	27.06	23.32	15.18	12.98	9.90
21,600	1,800	1,200	33.96	29.52	25.44	16.56	14.16	10.80
23,400	1,950	1,300	36.79	31.98	27.56	17.94	15.34	11.70
25,200	2,100	1,400	39.62	34.44	29.68	19.32	16.52	12.60
27,000	2,250	1,500	42.45	36.90	31.80	20.70	17.70	13.50
28,800	2,400	1,600	45.28	39.36	33.92	22.08	18.88	14.40
30,600	2,550	1,700	48.11	41.82	36.04	23.46	20.06	15.30
32,400	2,700	1,800	50.94	44.28	38.16	24.84	21.24	16.20
34,200	2,850	1,900	53.77	46.74	40.28	26.22	22.42	17.10
36,000	3,000	2,000	56.60	49.20	42.40	27.60	23.60	18.00
37,800	3,150	2,100	59.43	51.66	44.52	28.98	24.78	18.90
39,600	3,300	2,200	62.26	54.12	46.64	30.36	25.96	19.80
41,400	3,450	2,300	65.09	56.58	48.76	31.74	27.14	20.70
43,200	3,600	2,400	67.92	59.04	50.88	33.12	28.32	21.60
45,000	3,750	2,500	70.75	61.50	53.00	34.50	29.50	22.50
46,800	3,900	2,600	73.58	63.96	55.12	35.88	30.68	23.40
48,600	4,050	2,700	76.41	66.42	57.24	37.26	31.86	24.30
50,400	4,200	2,800	79.24	68.88	59.36	38.64	33.04	25.20
52,200	4,350	2,900	82.07	71.34	61.48	40.02	34.22	26.10
54,000	4,500	3,000	84.90	73.80	63.60	41.40	35.40	27.00
55,800	4,650	3,100	87.73	76.26	65.72	42.78	36.58	27.90
57,600	4,800	3,200	90.56	78.72	67.84	44.16	37.76	28.80
59,400	4,950	3,300	93.39	81.18	69.96	45.54	38.94	29.70
61,200	5,100	3,400	96.22	83.64	72.08	46.92	40.12	30.60
63,000	5,250	3,500	99.05	86.10	74.20	48.30	41.30	31.50
64,800	5,400	3,600	101.88	88.56	76.32	49.68	42.48	32.40
66,600	5,550	3,700	104.71	91.02	78.44	51.06	43.66	33.30
68,400	5,700	3,800	107.54	93.48	80.56	52.44	44.84	34.20
70,200	5,850	3,900	110.37	95.94	82.68	53.82	46.02	35.10
72,000	6,000	4,000	113.20	98.40	84.80	55.20	47.20	36.00

Maximum Benefit To Age 65 for Accident and 5 Years for Sickness (Continued)

- Indixinite			Accident/Sickness Benefit Waiting Period					
	M (11	Monthly				r Month		
Annual Earnings	Monthly Earnings	Disability Benefit	0-7	14-14	30-30	60-60	90-90	180-180
		4,100	116.03		86.92			36.90
73,800	6,150			100.86		56.58	48.38	
75,600	6,300	4,200	118.86	103.32	89.04	57.96 50.34	49.56	37.80
77,400	6,450	4,300	121.69	105.78	91.16	59.34	50.74	38.70
79,200	6,600	4,400	124.52	108.24	93.28	60.72	51.92	39.60
81,000	6,750	4,500	127.35	110.70	95.40	62.10	53.10	40.50
82,800	6,900	4,600	130.18	113.16	97.52	63.48	54.28	41.40
84,600	7,050	4,700	133.01	115.62	99.64	64.86	55.46	42.30
86,400	7,200	4,800	135.84	118.08	101.76	66.24	56.64	43.20
88,200	7,350	4,900	138.67	120.54	103.88	67.62	57.82	44.10
90,000	7,500	5,000	141.50	123.00	106.00	69.00	59.00	45.00
91,800	7,650	5,100	144.33	125.46	108.12	70.38	60.18	45.90
93,600	7,800	5,200	147.16	127.92	110.24	71.76	61.36	46.80
95,400	7,950	5,300	149.99	130.38	112.36	73.14	62.54	47.70
97,200	8,100	5,400	152.82	132.84	114.48	74.52	63.72	48.60
99,000	8,250	5,500	155.65	135.30	116.60	75.90	64.90	49.50
100,800	8,400	5,600	158.48	137.76	118.72	77.28	66.08	50.40
102,600	8,550	5,700	161.31	140.22	120.84	78.66	67.26	51.30
104,400	8,700	5,800	164.14	142.68	122.96	80.04	68.44	52.20
106,200	8,850	5,900	166.97	145.14	125.08	81.42	69.62	53.10
108,000	9,000	6,000	169.80	147.60	127.20	82.80	70.80	54.00
109,800	9,150	6,100	172.63	150.06	129.32	84.18	71.98	54.90
111,600	9,300	6,200	175.46	152.52	131.44	85.56	73.16	55.80
113,400	9,450	6,300	178.29	154.98	133.56	86.94	74.34	56.70
115,200	9,600	6,400	181.12	157.44	135.68	88.32	75.52	57.60
117,000	9,750	6,500	183.95	159.90	137.80	89.70	76.70	58.50
118,800	9,900	6,600	186.78	162.36	139.92	91.08	77.88	59.40
120,600	10,050	6,700	189.61	164.82	142.04	92.46	79.06	60.30
122,400	10,200	6,800	192.44	167.28	144.16	93.84	80.24	61.20
124,200	10,350	6,900	195.27	169.74	146.28	95.22	81.42	62.10
126,000	10,500	7,000	198.10	172.20	148.40	96.60	82.60	63.00
127,800	10,650	7,100	200.93	174.66	150.52	97.98	83.78	63.90
129,600	10,800	7,200	203.76	177.12	152.64	99.36	84.96	64.80
131,400	10,950	7,300	206.59	179.58	154.76	100.74	86.14	65.70
133,200	11,100	7,400	209.42	182.04	156.88	102.12	87.32	66.60
135,000	11,250	7,500	212.25	184.50	159.00	103.50	88.50	67.50
136,800	11,400	7,600	215.08	186.96	161.12	104.88	89.68	68.40
138,600	11,550	7,700	217.91	189.42	163.24	106.26	90.86	69.30
140,400	11,700	7,800	220.74	191.88	165.36	107.64	92.04	70.20
142,200	11,850	7,900	223.57	194.34	167.48	109.02	93.22	71.10
144,000	12,000	8,000	226.40	196.80	169.60	110.40	94.40	72.00

Maximum Benefit To Age 65 for Accident and 3 Years for Sickness

IV				Accident/Sickness Benefit Waiting Period				
		Monthly		ACCIUCITA	Cost Pe		ing i ci iou	
Annual	Monthly	Disability					22.22	100 100
Earnings	Earnings	Benefit	0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	4.44	3.64	2.98	2.44	2.04	1.52
5,400	450	300	6.66	5.46	4.47	3.66	3.06	2.28
7,200	600	400	8.88	7.28	5.96	4.88	4.08	3.04
9,000	750	500	11.10	9.10	7.45	6.10	5.10	3.80
10,800	900	600	13.32	10.92	8.94	7.32	6.12	4.56
12,600	1,050	700	15.54	12.74	10.43	8.54	7.14	5.32
14,400	1,200	800	17.76	14.56	11.92	9.76	8.16	6.08
16,200	1,350	900	19.98	16.38	13.41	10.98	9.18	6.84
18,000	1,500	1,000	22.20	18.20	14.90	12.20	10.20	7.60
19,800	1,650	1,100	24.42	20.02	16.39	13.42	11.22	8.36
21,600	1,800	1,200	26.64	21.84	17.88	14.64	12.24	9.12
23,400	1,950	1,300	28.86	23.66	19.37	15.86	13.26	9.88
25,200	2,100	1,400	31.08	25.48	20.86	17.08	14.28	10.64
27,000	2,250	1,500	33.30	27.30	22.35	18.30	15.30	11.40
28,800	2,400	1,600	35.52	29.12	23.84	19.52	16.32	12.16
30,600	2,550	1,700	37.74	30.94	25.33	20.74	17.34	12.92
32,400	2,700	1,800	39.96	32.76	26.82	21.96	18.36	13.68
34,200	2,850	1,900	42.18	34.58	28.31	23.18	19.38	14.44
36,000	3,000	2,000	44.40	36.40	29.80	24.40	20.40	15.20
37,800	3,150	2,100	46.62	38.22	31.29	25.62	21.42	15.96
39,600	3,300	2,200	48.84	40.04	32.78	26.84	22.44	16.72
41,400	3,450	2,300	51.06	41.86	34.27	28.06	23.46	17.48
43,200	3,600	2,400	53.28	43.68	35.76	29.28	24.48	18.24
45,000	3,750	2,500	55.50	45.50	37.25	30.50	25.50	19.00
46,800	3,900	2,600	57.72	47.32	38.74	31.72	26.52	19.76
48,600	4,050	2,700	59.94	49.14	40.23	32.94	27.54	20.52
50,400	4,200	2,800	62.16	50.96	41.72	34.16	28.56	21.28
52,200	4,350	2,900	64.38	52.78	43.21	35.38	29.58	22.04
54,000	4,500	3,000	66.60	54.60	44.70	36.60	30.60	22.80
55,800	4,650	3,100	68.82	56.42	46.19	37.82	31.62	23.56
57,600	4,800	3,200	71.04	58.24	47.68	39.04	32.64	24.32
59,400	4,950	3,300	73.26	60.06	49.17	40.26	33.66	25.08
61,200	5,100	3,400	75.48	61.88	50.66	41.48	34.68	25.84
63,000	5,250	3,500	77.70	63.70	52.15	42.70	35.70	26.60
64,800	5,400	3,600	79.92	65.52	53.64	43.92	36.72	27.36
66,600	5,550	3,700	82.14	67.34	55.13	45.14	37.74	28.12
68,400	5,700	3,800	84.36	69.16	56.62	46.36	38.76	28.88
70,200	5,850	3,900	86.58	70.98	58.11	47.58	39.78	29.64
72,000	6,000	4,000	88.80	72.80	59.60	48.80	40.80	30.40

Maximum Benefit To Age 65 for Accident and 3 Years for Sickness (Continued)

Maxime	JIII BOIIOII		Accident/Sickness Benefit Waiting Period					
	M (11	Monthly	Cost Per Month					
Annual Earnings	Monthly Earnings	Disability Benefit	0-7	14-14	30-30	60-60	90-90	180-180
		4,100			61.09			
73,800	6,150		91.02	74.62		50.02	41.82	31.16
75,600	6,300	4,200	93.24	76.44	62.58	51.24	42.84	31.92
77,400	6,450	4,300	95.46	78.26	64.07	52.46	43.86	32.68
79,200	6,600	4,400	97.68	80.08	65.56	53.68	44.88	33.44
81,000	6,750	4,500	99.90	81.90	67.05	54.90	45.90	34.20
82,800	6,900	4,600	102.12	83.72	68.54	56.12	46.92	34.96
84,600	7,050	4,700	104.34	85.54	70.03	57.34	47.94	35.72
86,400	7,200	4,800	106.56	87.36	71.52	58.56	48.96	36.48
88,200	7,350	4,900	108.78	89.18	73.01	59.78	49.98	37.24
90,000	7,500	5,000	111.00	91.00	74.50	61.00	51.00	38.00
91,800	7,650	5,100	113.22	92.82	75.99	62.22	52.02	38.76
93,600	7,800	5,200	115.44	94.64	77.48	63.44	53.04	39.52
95,400	7,950	5,300	117.66	96.46	78.97	64.66	54.06	40.28
97,200	8,100	5,400	119.88	98.28	80.46	65.88	55.08	41.04
99,000	8,250	5,500	122.10	100.10	81.95	67.10	56.10	41.80
100,800	8,400	5,600	124.32	101.92	83.44	68.32	57.12	42.56
102,600	8,550	5,700	126.54	103.74	84.93	69.54	58.14	43.32
104,400	8,700	5,800	128.76	105.56	86.42	70.76	59.16	44.08
106,200	8,850	5,900	130.98	107.38	87.91	71.98	60.18	44.84
108,000	9,000	6,000	133.20	109.20	89.40	73.20	61.20	45.60
109,800	9,150	6,100	135.42	111.02	90.89	74.42	62.22	46.36
111,600	9,300	6,200	137.64	112.84	92.38	75.64	63.24	47.12
113,400	9,450	6,300	139.86	114.66	93.87	76.86	64.26	47.88
115,200	9,600	6,400	142.08	116.48	95.36	78.08	65.28	48.64
117,000	9,750	6,500	144.30	118.30	96.85	79.30	66.30	49.40
118,800	9,900	6,600	146.52	120.12	98.34	80.52	67.32	50.16
120,600	10,050	6,700	148.74	121.94	99.83	81.74	68.34	50.92
122,400	10,200	6,800	150.96	123.76	101.32	82.96	69.36	51.68
124,200	10,350	6,900	153.18	125.58	102.81	84.18	70.38	52.44
126,000	10,500	7,000	155.40	127.40	104.30	85.40	71.40	53.20
127,800	10,650	7,100	157.62	129.22	105.79	86.62	72.42	53.96
129,600	10,800	7,200	159.84	131.04	107.28	87.84	73.44	54.72
131,400	10,950	7,300	162.06	132.86	108.77	89.06	74.46	55.48
133,200	11,100	7,400	164.28	134.68	110.26	90.28	75.48	56.24
135,000	11,250	7,500	166.50	136.50	111.75	91.50	76.50	57.00
136,800	11,400	7,600	168.72	138.32	113.24	92.72	77.52	57.76
138,600	11,550	7,700	170.94	140.14	114.73	93.94	78.54	58.52
140,400	11,700	7,800	173.16	141.96	116.22	95.16	79.56	59.28
142,200	11,850	7,900	175.38	143.78	117.71	96.38	80.58	60.04
144,000	12,000	8,000	177.60	145.60	119.20	97.60	81.60	60.80



#### **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

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\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company 1100 SW Sixth Avenue Portland OR 97204

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